REPORTS INVENTORY

CONTROL NO. *DDS/OC 010*

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)	2. TYPE OF REPORT		
Overtime Report	X	STATISTICAL	
		NARRATIVE	
		MACHINE-NAME LISTING	

3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL
	LOGISTICS		SECURITY		OTHER (specify)
	MEDICAL	X	FINANCE		**COMMUNICATIONS**

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
2	**Bi-weekly**	1

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
Memo		YES	IF YES GIVE ADP PROCESSING NO.	**OC-A**
	X	NO		

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
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12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-06	3.62		30 min.		1.81		26		47.06

B. COSTS OF COMPUTER PRODUCED REPORTS

	TOTAL COSTS PER YEAR	47.06

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Required by higher authority.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
		MAN-HOURS	DOLLARS
X RETAIN AS IS	OTHER (explain)		
CHANGE			STAT
DISCONTINUE			

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
10/1/70		

FORM 142   (22-36-43)